

Policy Title: Administration of Medication by School Personnel Policy No: 504.14

The Board of Trustees recognizes that students attending schools in St. Maries Joint School District No. 41 may be required to take medication while at school, either on a short-term or daily basis. The role of the District is to protect the health and safety of all students. If requested by the parent/guardian, the school will provide an appropriate place for storing the medication and will supervise the dispensing of the medication.

If a student must take medication during the school day, the District will implement the following guidelines:

SELF-ADMINISTRATION OF A METERED-DOSE INHALER AND/OR EPINEPHRINE AUTO-INJECTOR

1. Any student for whom a metered-dose inhaler or a dry powder inhaler is prescribed by a physician or other authorized medical professional, for treatment of asthma or other potentially life-threatening respiratory illness, will be permitted to self-administer such medication during the school day.
2. Any student for whom an epinephrine auto-injector is prescribed by a physician or other authorized medical professional, for treatment of a severe allergic reaction (anaphylaxis), will be permitted to self-administer such medication during the school day.
3. A student who is permitted to self-administer medication consistent with this policy is permitted to possess and use a prescribed inhaler and/or epinephrine auto-injector at all times.
4. A student who is permitted to self-administer medication consistent with this policy may be required to maintain a current duplicate of the prescription medication with the school nurse or the school administrator.
5. For purposes of this section of this policy:
 - A. "Medication" means a meter-dosed inhaler or a dry powder inhaler to alleviate asthmatic symptoms, or an epinephrine auto-injector to alleviate severe allergic reaction (anaphylaxis) prescribed by a physician and having an individual label; and
 - B. "Self-administration" means a student's use of medication pursuant to prescription or written direction from a physician.

SELF ADMINISTRATION FOR DIABETES

If a student requires blood glucose testing or insulin injections during the school day, the following applies:

1. DIABETES – ELEMENTARY, MIDDLE OR JUNIOR HIGH SCHOOL STUDENTS

- A. Students will complete blood glucose testing and insulin injections in the health room, under the supervision of a school nurse or trained designee, unless there is a documented reason to not do so. Students and staff are required to use universal precautions for the disposal of waste.
- B. Parents are responsible for notifying and submitting signed forms to the school administrator of the student's diabetes management plan and signing medical releases as necessary and appropriate. The school nurse or trained designee will be responsible for implementing the student's diabetes management plan while at school, monitoring hypoglycemic and hyperglycemic reactions, and documenting the medical care provided.
- C. If the parent or guardian of an elementary, middle, or junior high student requests that the student practice his/her diabetes management plan outside of the health room, the school administrator and school nurse will review the request and grant or deny it based on relevant considerations, including, but not limited to, the age and maturity of the child, the ability to self-administer, understanding and practice of universal precautions, and adherence to diabetes management plan.
- D. If an elementary, middle, or junior high student is allowed to self-administer, the parent or guardian, student, and the school nurse or designee must complete and sign a plan for independent diabetes management, documenting how the nurse or trained designee, student, and parent will continue to work together.

2. DIABETES – HIGH SCHOOL STUDENTS

- A. Students may self-administer blood glucose testing and insulin injections. In practicing self-administration, students are required to practice universal precautions for the disposal of waste.

3. DIABETES – UNIVERSAL PRECAUTIONS

- A. Universal precautions for the disposal of waste will be posted in the health room and accompanied by a sharp disposal storage container. Students and staff are required to comply with the guidelines. Any accidental pricks or punctures must be reported and appropriate medical response accessed.

OTHER PRESCRIPTION MEDICATIONS

1. The parent/guardian must submit a written request to the school if he or she wants the school to store and/or administer the medications other than those referenced above.
2. The medication must be in its original container.
3. The student's name, prescription number, doctor, and directions must be clearly set forth on the container.
4. Elementary students are not allowed to possess prescription medications on District property or at District-sponsored events unless specifically authorized to do so by the building principal.
5. Secondary students may keep and administer their own prescription medications, but are prohibited from bringing more than one (1) day's supply of the medication to school. A note from the parent/guardian must be on file in the office or in the student's possession identifying the medication and the dosage. The student's name and directions must be clearly set forth on the container.

NON-PRESCRIPTION (OVER THE COUNTER) MEDICATION

1. The parent/guardian must request in writing that non-prescription medication be given during school hours. Specific directions for administering the medication and the parent's/guardian's signature must be received before any medication will be given to the student.
2. The medication must be in the original container with the student's name and directions for administering the medication must be written on the container.
3. Elementary students are not allowed to possess non-prescription medications on District property or at District-sponsored events unless specifically authorized to do so by the building principal.

4. Secondary students may keep and administer their own non-prescription medications, but are prohibited from bringing more than one (1) day's supply of the medication to school. A note from the parent/guardian must be on file in the office or in the student's possession identifying the medication and the dosage. The student's name and directions must be clearly set forth on the container.

ADDITIONAL GUIDELINES

1. Generally, medications should be dispensed to students before and/or after school hours under the supervision of the parent/guardian. Medications should be dispensed at school only when necessary to meet the health needs of the students.
2. Parents/guardians are responsible for notifying the school that a student requires medication on a regular or emergency basis, and supplying the medications and instructions for dispensing the medications.
3. Diagnosis and treatment of illness and prescribing of drugs are never the responsibility of a school employee and should not be practiced by any school personnel.
4. No employee except qualified school personnel with knowledge or training in administering a drug or prescription drug to a student under this policy shall be authorized to administer medications to students except in an emergency situation. In the absence of a school nurse, the administrator or designated staff member exempt from the nurse licensure requirement (I.C. §54-1401 et seq.) who has completed training in administration of medication, may give emergency medication to students orally or by injection. There must be on record a medically diagnosed allergic condition which would require prompt treatment to protect the student from serious harm or death.
5. All medications for elementary and middle school students that are not self-administered will be kept in a secured area in the school office or nurse's room.
6. Access to all stored medication will be limited to persons authorized to administer medications or assist in the self-administration of medications. Each school will maintain a current list of those persons authorized by delegation from a licensed nurse to administer medications.
7. It is the student's responsibility to come to the office at the appropriate time to take his or her medication, unless the student has a disability and is unable to do so.

8. No medications, prescription or non-prescription, will be dispensed by a teacher, secretary, or other personnel to a student without written permission from the student's parent/guardian.
9. Non-prescription medications, such as aspirin or Tylenol, will not be provided to students upon request. Students must supply their own medications.
10. The Board of Trustees or Board designee will inform the parents or guardians of the student in writing that the District and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of medication by the student, absent any negligence by the District, its employees or its agents, or as a result of providing all relevant information provided pursuant to this policy, absent any negligence by the District, its employees or its agents, or in the absence of such nurse, to the school administrator.
11. The parents or guardians of the student shall sign a statement acknowledging that the District shall incur no liability as a result of any injury arising from the self-administration of medication by the student and that the parents or guardians shall indemnify and hold harmless the District and its employees or agents against any claims arising out of the self-administration of medication by the student.

AUTHORIZATION FOR STUDENT SELF-ADMINISTERED MEDICATION

Student's Name: _____
Grade: _____ Date of Birth: _____

Parent/Guardian Name: _____
Home Phone: _____ Work phone: _____ Cell Phone: _____

I give my permission for the above-named student to self-administer the medication described below. I shall indemnify and hold harmless St. Maries Joint School District No. 41 and its employees or agents for legal fees, costs, and any potential damages concerning self-administration of this medication arising out of any claims brought by the above-named student or anyone else.

Parent/Guardian's Signature Date

THE FOLLOWING IS TO BE COMPLETED BY THE PHYSICIAN

I am recommending that the above-named student be allowed to self-administer the following medication:

Name and purpose of medication: _____

Identification of chronic medical problem: _____

Prescribed dosage to be taken: _____

Length of time medication must be taken: _____

Possible side effects and/or special precautions to be taken: _____

Conditions under which self-medication will take place:
_____ Independently
(Student must have had training and be proficient in self-administering medication)

Trainer's Name: _____ Date of Training: _____

_____ Under the supervision of a school nurse or designee

Medication should be:
_____ Stored in the principal/secretary office _____ In the possession of the student

Type or Print Physician's Name Physician's Signature
Date: _____

AUTHORIZATION FOR SCHOOL-ADMINISTERED MEDICATION

Student's Name: _____
Grade: _____ Date of Birth: _____

Parent/Guardian Name: _____
Home Phone: _____ Work phone: _____ Cell Phone: _____

I give my permission for St. Maries Joint School District No. 41 to administer the medication described below to the above-named student. I shall indemnify and hold harmless St. Maries Joint School District No. 41 and its employees or agents for legal fees, costs, and any potential damages concerning administration of this medication arising out of any claims brought by the above-named student or anyone else.

Parent/Guardian's Signature Date

THE FOLLOWING IS TO BE COMPLETED BY THE PHYSICIAN

I am recommending that St. Maries Joint School District No. 41 administer the following medication to the above-named student:

Name and purpose of medication: _____

Identification of chronic medical problem: _____

Prescribed dosage to be taken: _____

Length of time medication must be taken: _____

Possible side effects and/or special precautions to be taken: _____

Medication should be:
_____ Stored in the principal/secretary office _____ In the possession of the student

Type or Print Physician's Name Physician's Signature
Date: _____

ST. MARIES JOINT SCHOOL DISTRICT NO. 41

**INDEMNIFICATION / HOLD HARMLESS AGREEMENT
SELF-ADMINISTERED MEDICATION
AND
SCHOOL-ADMINISTERED MEDICATION**

STUDENT NAME: _____

The parent(s)/guardian(s) agree to indemnify, defend, and hold St. Maries Joint School District No. 41 harmless from any and all claims, actions, costs, expenses, damages and liabilities, including attorney’s fees, arising out of, connected with or resulting from the self-administration of medication by the student and/or school-administration of medication to the student. The parent(s)/guardian(s) agree(s) that St. Maries Joint School District No. 41, the Board of Trustees, employees and its agents shall incur no liability as a result of any injury arising out of or connected with the self-administration or school-administration of medication to the student. Specifically, the parent(s)/guardian(s) agree that they will not institute either on their own behalf or on behalf of the student, any claim or action against the Board of Trustees, the Board of Trustee’s employees and its agents rising out of or connected with self-administration of medication by the student and/or school-administered medication for the student.

This agreement shall take effect on the date listed below and shall stay in effect for as long as the student is provided permission to self-administer medication and/or the school administers medication to the student. This agreement must be signed and in full effect prior to the granting of permission to self-administer medication or for the school to administer medication.

Parent/Guardian’s Name
(Please Print)

Parent/Guardian’s Signature

Parent/Guardian’s Name
(Please Print)

Parent/Guardian’s Signature

Principal’s Signature

Date of Agreement

Policy Cross Reference:

Legal Reference:

Idaho Code §33-520 Policy Governing Medical Inhalers

Policy History:

Adopted:	04/22/1996
Reviewed:	12/13/2004
Reviewed:	01/10/2005
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